



October 29, 2019

Ohio Environmental Protection Agency  
Division of Air Pollution Control  
Southeast District Office  
2195 Front Street  
Logan, Ohio 43138  
Via eBusiness

Re: NSPS 0000a Annual Compliance Report  
August 2, 2018 through August 2, 2019  
Ohio River System - REX Booster Station

Dear Sirs:

Ohio River System, LLC is submitting this letter to meet the annual reporting requirement of New Source Performance Standard 40 CFR 60, Subpart 0000a (NSPS 0000a) for affected facilities owned/operated at the REX Booster Station. The REX Booster Station is located in Monroe County, Ohio. The NSPS 0000a affected facility is the "collection of fugitive emissions components at a compressor station".

The report contained in the following sections covers the compliance period from August 2, 2018 through August 2, 2019.

**I. General Information (§60.5420a(b)(1))**

**(1) The company name and address of the affected facility.**

Mailing Address: 6051 Wallace Rd Ext., Suite 300, Wexford, PA 15090  
Facility Location: REX Booster Facility, 52001 Township Highway 964, Powhatan Point, Monroe County, Ohio (Latitude: 39.83583, Longitude: -80.87425)

**(2) An identification of each affected facility being included in the annual report.**

This report includes the following NSPS 0000a affected facilities: Collection of fugitive emissions components at a compressor station.

**(3) Beginning and ending dates of the reporting period.**

This report covers the compliance period from August 2, 2018 through August 2, 2019.

**(4) Certification by a responsible official of truth, accuracy, and completeness**

Certification statement included at closing of this letter.

## **II. Collection of fugitive emissions components at a compressor station (§60.5420a(b)(7))**

See attached survey summary table and records of leak detection and repair (LDAR).

## **III. RECIPROCATING COMPRESSORS (§60.5420a(b)(4))**

- (1) The cumulative number of hours of operation or the number of months since initial startup, since October 15, 2012, or since the previous reciprocating compressor rod packing replacement, whichever is later.**

No NSPS 0000a Reciprocating Compressors at the compressor station.

- (2) Records of deviations that occurred during the reporting period.**

No deviations occurred during the reporting period.

## **IV. PNEUMATIC CONTROLLERS (§60.5420a(b)(5))**

- (1) An identification of each pneumatic controller constructed, modified or reconstructed during the reporting period, including the identification information specified in §60.5390(b)(2) or (c)(2).**

ORS did not commence construction of any gas-actuated continuous bleed pneumatic controller affected facilities during the reporting period.

- (2) If applicable documentation that the use of pneumatic controller affected facilities with a natural gas bleed greater than 6 standard cubic feet per hour are required and the reasons why.**

ORS did not commence construction for any gas-actuated continuous bleed pneumatic controllers utilizing the functional need exemption of 40 CFR 60.5390(a) during the reporting period.

- (3) Records of deviations that occurred during the reporting period.**

No deviations occurred during the reporting period.

Should you have any questions or require additional information, please contact Doug Frisco at (570) 505-3700 or Patty Centofanti of Trinity Consultants at (412) 538-8038.

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*This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.*

Sincerely,

*Stephen Schuman*

Stephen D. Schuman  
VP Operations – East Division

cc: US EPA Region V, Air Protection Division  
Office of Air Enforcement & Compliance  
Ralph Metcalfe Federal Building  
77 West Jackson Boulevard, Chicago, IL 60604-3511  
Via email: 'R5AirEnforcement@epa.gov'

**List of Affected Facilities**  
**§60.5420a(b)**

| Facility Name       | Legal Entity          | Latitude  | Longitude  | State | County | Municipality         | Region    | Affected Facilities      |                      |                                      |               |                                                       |                                                                    |
|---------------------|-----------------------|-----------|------------|-------|--------|----------------------|-----------|--------------------------|----------------------|--------------------------------------|---------------|-------------------------------------------------------|--------------------------------------------------------------------|
|                     |                       |           |            |       |        |                      |           | Reciprocating Compressor | Pneumatic Controller | Pneumatic Pump at a Processing Plant | Storage Tanks | Group of Equipment within a Process Unit <sup>1</sup> | Collection of Fugitive Emission Components at a Compressor Station |
| REX Booster Station | Ohio River System LLC | 39.835827 | -80.874245 | Ohio  | Monroe | Switzerland Township | OEPA SEDO | --                       | --                   | --                                   | --            | --                                                    | X                                                                  |

## Collection of Fugitive Emissions Components at a Compressor Station

§60.5420a(b)(7)

| Facility Name       | Legal Entity      | Date<br>(b)(7)(i) | Beginning Time<br>(b)(7)(ii) | End Time<br>(b)(7)(ii) | Name of OGI Operator<br>(b)(7)(iii) | Training and Experience of OGI Operator<br>(b)(7)(iii)                                                                                                                 | Ambient Temperature, Sky Conditions and Maximum Wind Speed<br>(b)(7)(iv) | Monitoring Instrument<br>(b)(7)(v) | Deviations (or Statement of No Deviations)<br>(b)(7)(vi) | Number and Type of Components for Which Emissions Were Detected<br>(b)(7)(vii)                                         | Number and Type of Components Not Repaired as Required<br>(b)(7)(viii)                                                                                                                                                      | Number and Type of DTM & UTM Components Monitored<br>(b)(7)(ix) | Date of Successful Leak Repairs<br>(b)(7)(x)   | Number and Type of Components Placed on DOR<br>(b)(7)(xi) | Explanation for DOR<br>(b)(7)(xi) | Type of Instrument Used to Resurvey a Repaired Component (not during the initial finding)<br>(b)(7)(xii) | Comments            |
|---------------------|-------------------|-------------------|------------------------------|------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------|---------------------|
| REX Booster Station | Ohio River System | 9/13/2018         | 10:05 AM                     | 11:30 AM               | Allie Juarez                        | Trained by an ITC Certified Thermographer, less than one (1) year of production/midstream surveying experience (including approx. 10 natural gas facility inspections) | 76F, Partly Cloudy, 4.3 mph                                              | FLIR, GFx320 Serial No. 44401371   | No Deviations                                            | Leak #1: 204 Separator, located on gauge                                                                               | Leak was repaired and verified within 30 days. Re-taped and Tightened                                                                                                                                                       | Not Applicable                                                  | Leak was repaired and verified on 9/14/2018    | None                                                      | Not applicable                    | Method 21, Section 8.3.3.1, Soap Test                                                                    | See footnote 2      |
| REX Booster Station | Ohio River System | 12/10/2018        | 8:55 AM                      | 10:25 AM               | Allie Juarez                        | Trained by an ITC Certified Thermographer. Less than one (1) year of production/midstream surveying experience (including over 60 natural gas facility inspections).   | 25F, Overcast, 2.3 mph                                                   | FLIR, GFx320 Serial No. 44401371   | No Deviations                                            | Leak #1: Connector; plug on relief<br>Leak #2: Connector; oil level sight glass - top nipple connection                | Leaks #1 & #2 were repaired and verified within 30 days.<br>Leak #1 & 2: Replaced and tightened                                                                                                                             | Not Applicable                                                  | Leaks were repaired and verified on 12/11/2018 | None                                                      | Not applicable                    | Method 21, Section 8.3.3.1, Soap Test                                                                    | See footnote 2      |
| REX Booster Station | Ohio River System | 3/13/2019         | 7:25 AM                      | 8:35 AM                | John Ecker                          | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience.                                                                           | 33F, Mostly Cloudy, 2.5 mph                                              | FLIR, GFx320 Serial No. 74900528   | No Deviations                                            | Leak #1: Inlet Separator, Ball Valve relief plug<br>Leak #2: Unit 4, fuel line connector                               | Leaks #1 & #2 were repaired and verified within 30 days.<br>Leak #1: Tightened<br>Leak #2: Re-taped and tightened                                                                                                           | Not Applicable                                                  | Leaks were repaired and verified on 3/13/2019  | None                                                      | Not applicable                    | Method 21, Section 8.3.3.1, Soap Test                                                                    | See footnotes 1 & 2 |
| REX Booster Station | Ohio River System | 6/3/2019          | 11:00 AM                     | 12:15 PM               | John Ecker                          | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience.                                                                           | 60F, Sunny, 7.8 mph                                                      | FLIR, GFx320 Serial No. 74900528   | No Deviations                                            | Leak #1: Unit 204 lose connection on instrument plug<br>Leak #2: Unit 201, header<br>Leak #3: Unit 201, Prelube filter | Leaks #1, #2, & #3 were repaired and verified within 30 days.<br>Leak #1: Unit had to be taken down, then plug Cleaned, Re-taped and Re-tightened.<br>Leak #2: Replaced seal and re-tightened<br>Leak #3: Replaced selenoid | Not Applicable                                                  | Leaks were repaired and verified on 6/4/2019   | None                                                      | Not applicable                    | Method 21, Section 8.3.3.1, Soap Test and FLIR, GFx320 Serial No. 74900528                               | See footnotes 1 & 2 |

**Footnotes:**

REX Booster Footnote 1 No components are currently designated as DTM or UTM.

Station Footnote 2 A daily verification check was conducted including a measurement of the maximum viewing distance as specified in the monitoring plan. The maximum viewing distance was not documented on the survey record; however, this is not a required record of NSPS OOOOa (Monitoring Plan language will be updated).

## Pneumatic Controller Affected Facilities

§60.5420(b)(5) and §60.5420a(b)(5)

| Controller ID Number                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Facility Name | State | Location | Make | Model | Month-Year Constructed | Month-Year Replaced |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|----------|------|-------|------------------------|---------------------|
| REPORTING PERIOD 8/2/2018 TO 8/2/2019:<br>i) The station did not commence construction of any gas-actuated continuous bleed pneumatic controller affected facilities during the reporting period.<br>ii) The station did not commence construction for any gas-actuated continuous bleed pneumatic controllers utilizing the functional need exemption of 40 CFR 60.5390(a) during the reporting period.<br>iii) No deviations occurred during the reporting period. |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |       |          |      |       |                        |                     |

## ATTACHMENT - LDAR SURVEY RECORDS

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**NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet**

|                                                                      |                                                                                                                                                                        |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Company Legal Entity Name:</b>                                    | Ohio River System, LLC                                                                                                                                                 |
| <b>Facility Name:</b>                                                | REX Booster Station                                                                                                                                                    |
| <b>Name and Company of Surveyor:</b>                                 | Allie Juarez (Trinity Consultants)                                                                                                                                     |
| <b>Training and Experience of Surveyor:</b><br>(attach if necessary) | Trained by an ITC Certified Thermographer, less than one (1) year of production/midstream surveying experience (including approx. 10 natural gas facility inspections) |

|                                                                                    |                                                                                  |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Daily Verification Check Completed:</b><br>(beginning of day, prior to surveys) | <input checked="" type="radio"/> Yes <input type="radio"/> No                    |
| <b>Overall Survey Picture Taken with Camera:</b> (needs date & lat/long)           | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>File Name: 4503 |
| <b>Maximum Wind Speed:</b><br>(miles per hour)                                     | 4.3                                                                              |
| <b>Ambient Temperature:</b><br>(deg F)                                             | 75.8                                                                             |
| <b>Measured Maximum Viewing Distance for Familiarization:</b>                      | <input checked="" type="radio"/> Yes <input type="radio"/> No                    |
| <b>Facility Status:</b><br>(e.g., operating, partially shut down, etc.)            | Operating                                                                        |
| <b>Sky Conditions:</b>                                                             | Clear<br><input checked="" type="radio"/> Partly Cloudy<br>Overcast              |

|                                        |           |
|----------------------------------------|-----------|
| <b>Date of Survey:</b><br>(MM/DD/YYYY) | 9/13/2018 |
|----------------------------------------|-----------|

|                                        |          |
|----------------------------------------|----------|
| <b>Survey Start Time:</b><br>(am / pm) | 10:05 am |
|----------------------------------------|----------|

|                                      |          |
|--------------------------------------|----------|
| <b>Survey End Time:</b><br>(am / pm) | 11:30 am |
|--------------------------------------|----------|



NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet

| OGI Equipment Information: |      |               |       |                |          |
|----------------------------|------|---------------|-------|----------------|----------|
| Manufacturer:              | FLIR | Model Number: | GF320 | Serial Number: | 44401371 |

|                                    |                                                                                     |                  |     |
|------------------------------------|-------------------------------------------------------------------------------------|------------------|-----|
| All Components Surveyed:           | <div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div> | If no, explain:  | n/a |
| Deviation(s) from Monitoring Plan: | <div><input type="radio"/> Yes</div> <div><input checked="" type="radio"/> No</div> | If yes, explain: | n/a |

|           |                                                                                                                                                                     |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Comments: | The maximum viewing distance (65 feet) was established, at the beginning of the survey, using a propane canister with an emission rate of 1.1 scf/hr (60 grams/hr). |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                   |                              |      |
|-------------------|------------------------------|------|
| Additional Notes: | DTM components surveyed:     | n/a  |
|                   | UTM components surveyed:     | n/a  |
|                   | Components currently on DOR: | none |

**NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet**

|                          |                                                                                                                                                                                    |                        |                                                                                        |                                                               |                                                                                   |                         |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------|
| <b>Leak Information:</b> | Unit/Source:                                                                                                                                                                       | <b>204 Separator</b>   | Component Type (circle):                                                               | Valve / Flange<br>Connector / OEL<br>Pump Seal / <b>Other</b> | Description of Location:                                                          | <b>Gauge</b>            |
|                          | Repair Attempted During Initial Survey?                                                                                                                                            | YES / <b>NO</b>        | Repair Verified During Initial Survey?<br>(must affix identifier to component if 'NO') | YES / NO / <b>NA</b>                                          | Resurvey Confirmed Successful Repair During Initial Survey?                       | YES / NO / <b>NA</b>    |
|                          | Repair Method Description:                                                                                                                                                         |                        |                                                                                        |                                                               |                                                                                   |                         |
|                          | Date Repaired (if after initial survey):                                                                                                                                           | 9/14/2018              | Resurvey Confirmed (if after initial survey):                                          | <b>YES</b> / NO / NA                                          | Method for confirming repair/resurvey:                                            | OGI / <b>Soap Test</b>  |
|                          | Repair Method Description:                                                                                                                                                         | Re-taped and Tightened |                                                                                        |                                                               |                                                                                   |                         |
|                          | If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation |                        |                                                                                        | YES / NO / NA                                                 | <b>(Environmental Approval REQUIRED)<br/>(Must fill out Delay of Repair Form)</b> |                         |
|                          | Explanation if not repaired:                                                                                                                                                       |                        |                                                                                        |                                                               |                                                                                   |                         |
|                          | Comments:                                                                                                                                                                          | <b>Rex #1</b>          |                                                                                        | Leak Image File Name:                                         | <b>4504</b>                                                                       | Repair Image File Name: |
| <b>Leak Information:</b> | Unit/Source:                                                                                                                                                                       |                        | Component Type (circle):                                                               | Valve / Flange<br>Connector / OEL<br>Pump Seal / Other        | Description of Location:                                                          |                         |
|                          | Repair Attempted During Initial Survey?                                                                                                                                            | YES / NO               | Repair Verified During Initial Survey?<br>(must affix identifier to component if 'NO') | YES / NO / NA                                                 | Resurvey Confirmed Successful Repair During Initial Survey?                       | YES / NO / NA           |
|                          | Repair Method Description:                                                                                                                                                         |                        |                                                                                        |                                                               |                                                                                   |                         |
|                          | Date Repaired (if after initial survey):                                                                                                                                           |                        | Resurvey Confirmed (if after initial survey):                                          | YES / NO / NA                                                 | Method for confirming repair/resurvey:                                            | OGI / Soap Test         |
|                          | Repair Method Description:                                                                                                                                                         |                        |                                                                                        |                                                               |                                                                                   |                         |
|                          | If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation |                        |                                                                                        | YES / NO / NA                                                 | <b>(Environmental Approval REQUIRED)<br/>(Must fill out Delay of Repair Form)</b> |                         |
|                          | Explanation if not repaired:                                                                                                                                                       |                        |                                                                                        |                                                               |                                                                                   |                         |
|                          | Comments:                                                                                                                                                                          |                        |                                                                                        | Leak Image File Name:                                         |                                                                                   | Repair Image File Name: |

**NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet**

|                                                                      |                                                                                                                                                                      |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Company Legal Entity Name:</b>                                    | Ohio River System, LLC                                                                                                                                               |
| <b>Facility Name:</b>                                                | REX Booster Station                                                                                                                                                  |
| <b>Name and Company of Surveyor:</b>                                 | Allie Juarez (Trinity Consultants)                                                                                                                                   |
| <b>Training and Experience of Surveyor:</b><br>(attach if necessary) | Trained by an ITC Certified Thermographer. Less than one (1) year of production/midstream surveying experience (including over 60 natural gas facility inspections). |

|                                                                                    |                                                                                                                 |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>Daily Verification Check Completed:</b><br>(beginning of day, prior to surveys) | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                   |
| <b>Overall Survey Picture Taken with Camera:</b> (needs date & lat/long)           | <input checked="" type="radio"/> Yes <input type="radio"/> No<br>File Name: 4812                                |
| <b>Maximum Wind Speed:</b><br>(miles per hour)                                     | 2.3                                                                                                             |
| <b>Ambient Temperature:</b><br>(deg F)                                             | 25.5                                                                                                            |
| <b>Measured Maximum Viewing Distance for Familiarization:</b>                      | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                   |
| <b>Facility Status:</b><br>(e.g., operating, partially shut down, etc.)            | Operating                                                                                                       |
| <b>Sky Conditions:</b>                                                             | <input type="radio"/> Clear<br><input type="radio"/> Partly Cloudy<br><input checked="" type="radio"/> Overcast |

|                                        |            |
|----------------------------------------|------------|
| <b>Date of Survey:</b><br>(MM/DD/YYYY) | 12/10/2018 |
|----------------------------------------|------------|

|                                        |         |
|----------------------------------------|---------|
| <b>Survey Start Time:</b><br>(am / pm) | 8:55 am |
|----------------------------------------|---------|

|                                      |          |
|--------------------------------------|----------|
| <b>Survey End Time:</b><br>(am / pm) | 10:25 am |
|--------------------------------------|----------|

NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet

| OGI Equipment Information: |      |               |       |                |          |
|----------------------------|------|---------------|-------|----------------|----------|
| Manufacturer:              | FLIR | Model Number: | GF320 | Serial Number: | 44401371 |

|                                    |                                                               |                  |     |
|------------------------------------|---------------------------------------------------------------|------------------|-----|
| All Components Surveyed:           | <input checked="" type="radio"/> Yes <input type="radio"/> No | If no, explain:  | n/a |
| Deviation(s) from Monitoring Plan: | <input type="radio"/> Yes <input checked="" type="radio"/> No | If yes, explain: | n/a |

|           |  |
|-----------|--|
| Comments: |  |
|-----------|--|

|                   |                              |      |
|-------------------|------------------------------|------|
| Additional Notes: | DTM components surveyed:     | n/a  |
|                   | UTM components surveyed:     | n/a  |
|                   | Components currently on DOR: | none |

**NSPS 0000a – Fugitive Emissions Monitoring Survey: Field Sheet**

|                          |                                                                                                                                                                                    |                                           |                                                                                        |                                                               |                                                                                   |                                                      |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Leak Information:</b> | Unit/Source:                                                                                                                                                                       | <b>BDV-401<br/>(Phase 2 Suction BD)</b>   | Component Type (circle):                                                               | Valve / Flange<br><b>Connector</b> / OEL<br>Pump Seal / Other | Description of Location:                                                          | <b>Plug on relief</b>                                |
|                          | Repair Attempted During Initial Survey?                                                                                                                                            | YES / <b>NO</b>                           | Repair Verified During Initial Survey?<br>(must affix identifier to component if 'NO') | YES / NO / NA                                                 | Resurvey Confirmed Successful Repair During Initial Survey?                       | YES / NO / NA                                        |
|                          | Repair Method Description:                                                                                                                                                         | Re-taped and Tightened                    |                                                                                        |                                                               |                                                                                   |                                                      |
|                          | Date Repaired (if after initial survey):                                                                                                                                           | 12/11/2018                                | Resurvey Confirmed (if after initial survey):                                          | <b>YES</b> / NO / NA                                          | Method for confirming repair/resurvey:                                            | OGI / <b>Soap Test</b>                               |
|                          | Repair Method Description:                                                                                                                                                         | Re-taped and Tightened                    |                                                                                        |                                                               |                                                                                   |                                                      |
|                          | If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation |                                           |                                                                                        | YES / NO / NA                                                 | <b>(Environmental Approval REQUIRED)<br/>(Must fill out Delay of Repair Form)</b> |                                                      |
|                          | Explanation if not repaired:                                                                                                                                                       |                                           |                                                                                        |                                                               |                                                                                   |                                                      |
|                          | Comments:                                                                                                                                                                          | <b>Rex #1</b>                             | Leak Image File Name:                                                                  | <b>4813</b>                                                   | Repair Image File Name:                                                           |                                                      |
| <b>Leak Information:</b> | Unit/Source:                                                                                                                                                                       | <b>Phase one suction filter separator</b> | Component Type (circle):                                                               | Valve / Flange<br><b>Connector</b> / OEL<br>Pump Seal / Other | Description of Location:                                                          | <b>Oil level sight glass – top nipple connection</b> |
|                          | Repair Attempted During Initial Survey?                                                                                                                                            | YES / <b>NO</b>                           | Repair Verified During Initial Survey?<br>(must affix identifier to component if 'NO') | YES / NO / NA                                                 | Resurvey Confirmed Successful Repair During Initial Survey?                       | YES / NO / NA                                        |
|                          | Repair Method Description:                                                                                                                                                         | Re-taped and Tightened                    |                                                                                        |                                                               |                                                                                   |                                                      |
|                          | Date Repaired (if after initial survey):                                                                                                                                           | 12/11/2018                                | Resurvey Confirmed (if after initial survey):                                          | <b>YES</b> / NO / NA                                          | Method for confirming repair/resurvey:                                            | OGI / <b>Soap Test</b>                               |
|                          | Repair Method Description:                                                                                                                                                         | Re-taped and Tightened                    |                                                                                        |                                                               |                                                                                   |                                                      |
|                          | If not repaired within 30 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation |                                           |                                                                                        | YES / NO / NA                                                 | <b>(Environmental Approval REQUIRED)<br/>(Must fill out Delay of Repair Form)</b> |                                                      |
|                          | Explanation if not repaired:                                                                                                                                                       |                                           |                                                                                        |                                                               |                                                                                   |                                                      |
|                          | Comments:                                                                                                                                                                          | <b>Rex #2</b>                             | Leak Image File Name:                                                                  | <b>4814</b>                                                   | Repair Image File Name:                                                           |                                                      |

Fugitive Emissions Monitoring Survey: Field Sheet

|                                      |                                                                                              |                                                                             |                                         |                             |
|--------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
|                                      |                                                                                              | Daily Verification Check Completed:<br>(beginning of day, prior to surveys) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Company Legal Entity:                | Ohio River System LLC                                                                        | Overall Survey Picture Taken with Camera:                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Facility Name:                       | REX Booster Station                                                                          | Average Wind Speed: (miles per hour)                                        | 2.5                                     |                             |
| Name and Company of Surveyor:        | John Ecker                                                                                   | Ambient Temperature: (deg F)                                                | 33                                      |                             |
| Training and Experience of Surveyor: | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience. | Measured Maximum Viewing Distance for Familiarization:                      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|                                      |                                                                                              | Facility Status: (e.g., operating, partially shut down, etc.)               | Operating                               |                             |
|                                      |                                                                                              | Sky Conditions:                                                             | Mostly Cloudy                           |                             |

|                                 |           |                                 |           |                               |           |
|---------------------------------|-----------|---------------------------------|-----------|-------------------------------|-----------|
| Date of Survey:<br>(MM/DD/YYYY) | 3/13/2019 | Survey Start Time:<br>(am / pm) | 7:25 a.m. | Survey End Time:<br>(am / pm) | 8:35 a.m. |
|---------------------------------|-----------|---------------------------------|-----------|-------------------------------|-----------|

| OGI Equipment Information: |      |               |        |                |          |
|----------------------------|------|---------------|--------|----------------|----------|
| Manufacturer:              | FLIR | Model Number: | GFx320 | Serial Number: | 74900528 |

|                                    |                                         |                                        |                  |  |
|------------------------------------|-----------------------------------------|----------------------------------------|------------------|--|
| Observation Path Followed:         | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | If no, explain:  |  |
| Deviation(s) from Monitoring Plan: | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | If yes, explain: |  |

|                   |                                                                                                                         |
|-------------------|-------------------------------------------------------------------------------------------------------------------------|
| Additional Notes: | Operators arrived on site as survey was finishing. Had planned maintenance on unit 4 scheduled for afternoon on 3/13/19 |
|-------------------|-------------------------------------------------------------------------------------------------------------------------|

**Fugitive Emissions Monitoring Survey:**

|                   |                                                                                                                                                                                                                                                                 |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------------------------------|---------------------------------|--------------------------------------------------|
| Leak Information: | Unit Source, Location , Component type:                                                                                                                                                                                                                         | Inlet Separator, Ball Valve relief plug |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | Repair Attempted During Initial Survey?                                                                                                                                                                                                                         | Yes<br><input type="checkbox"/>         | No<br><input checked="" type="checkbox"/> | Repair Verified During Initial Survey?        | Yes<br><input type="checkbox"/>            | No<br><input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                   |
|                   | Date Repaired: (if after initial survey)                                                                                                                                                                                                                        | 3/13/2019                               |                                           | Resurvey Confirmed: (if after initial survey) | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> | Method for confirming repair/resurvey:                      | OGI<br><input type="checkbox"/> | Soap Test<br><input checked="" type="checkbox"/> |
|                   | Repair Method Description:                                                                                                                                                                                                                                      | Tightened                               |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation <b>(Environmental Approval REQUIRED; Must fill out Delay of Repair Form)</b> |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | Explanation if not repaired:                                                                                                                                                                                                                                    |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | Additional Comments:                                                                                                                                                                                                                                            |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
| Leak Information: | Unit Source, Location , Component type:                                                                                                                                                                                                                         | Unit 4, fuel line connector             |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | Repair Attempted During Initial Survey?                                                                                                                                                                                                                         | Yes<br><input type="checkbox"/>         | No<br><input checked="" type="checkbox"/> | Repair Verified During Initial Survey?        | Yes<br><input type="checkbox"/>            | No<br><input type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                   |
|                   | Date Repaired: (if after initial survey)                                                                                                                                                                                                                        | 3/13/2019                               |                                           | Resurvey Confirmed: (if after initial survey) | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> | Method for confirming repair/resurvey:                      | OGI<br><input type="checkbox"/> | Soap Test<br><input checked="" type="checkbox"/> |
|                   | Repair Method Description:                                                                                                                                                                                                                                      | Re-taped and tightened                  |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation <b>(Environmental Approval REQUIRED; Must fill out Delay of Repair Form)</b> |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | Explanation if not repaired:                                                                                                                                                                                                                                    |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |
|                   | Additional Comments:                                                                                                                                                                                                                                            |                                         |                                           |                                               |                                            |                                |                                                             |                                 |                                                  |

Fugitive Emissions Monitoring Survey: NSPS - 0000a

☐

PA GP-5

☐

Other

☒

|                                      |                                                                                              |                                                                             |                                         |                             |
|--------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
|                                      |                                                                                              | Daily Verification Check Completed:<br>(beginning of day, prior to surveys) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Company Legal Entity:                | Ohio River System                                                                            | Overall Survey Picture Taken with Camera:                                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Facility Name:                       | Rex Booster Station                                                                          | Average Wind Speed: (miles per hour)                                        | 7.8                                     |                             |
| Name and Company of Surveyor:        | John Ecker                                                                                   | Ambient Temperature: (deg F)                                                | 60                                      |                             |
| Training and Experience of Surveyor: | ITC Certified OGI Thermographer. More than five (5) years of midstream surveying experience. | Measured Maximum Viewing Distance for Familiarization:                      | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|                                      |                                                                                              | Facility Status: (e.g., operating, partially shut down, etc.)               | Operating                               |                             |
|                                      |                                                                                              | Sky Conditions:                                                             | Sunny                                   |                             |

|                                 |          |                                                                        |       |                                                                        |       |
|---------------------------------|----------|------------------------------------------------------------------------|-------|------------------------------------------------------------------------|-------|
| Date of Survey:<br>(MM/DD/YYYY) | 6/3/2019 | Survey Start Time:                                                     | 11:00 | Survey End Time:                                                       | 12:15 |
|                                 |          | A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> |       | A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/> |       |

|                            |      |               |        |                |          |
|----------------------------|------|---------------|--------|----------------|----------|
| OGI Equipment Information: |      |               |        |                |          |
| Manufacturer:              | FLIR | Model Number: | GFx320 | Serial Number: | 74900528 |

|                                    |                                                                     |                  |  |
|------------------------------------|---------------------------------------------------------------------|------------------|--|
| Observation Path Followed:         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If no, explain:  |  |
| Deviation(s) from Monitoring Plan: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If yes, explain: |  |

|                   |  |
|-------------------|--|
| Additional Notes: |  |
|-------------------|--|



**Fugitive Emissions Monitoring Survey:**

|                   |                                                                                                                                                                                                                                                          |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------|-------------------------------------------|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| Leak Information: | Unit Source, Location , Component type:                                                                                                                                                                                                                  | UNIT 204 lose connection on instrument plug                              |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Repair Attempted During Initial Survey?                                                                                                                                                                                                                  | Yes<br><input checked="" type="checkbox"/>                               | No<br><input type="checkbox"/>            | Repair Verified During Initial Survey?        | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/>        |
|                   | Date Repaired: (if after initial survey)                                                                                                                                                                                                                 | 6/4/2019                                                                 |                                           | Resurvey Confirmed: (if after initial survey) | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            | Method for confirming repair/resurvey:                      | OGI<br><input checked="" type="checkbox"/> | Soap Test<br><input checked="" type="checkbox"/> |
|                   | Repair Method Description:                                                                                                                                                                                                                               | Unit had to be taken down, then plug Cleaned, Re-taped and Re-tightened, |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form) |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Explanation if not repaired:                                                                                                                                                                                                                             |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Additional Comments:                                                                                                                                                                                                                                     |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
| Leak Information: | Unit Source, Location , Component type:                                                                                                                                                                                                                  | Unit 201, header                                                         |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Repair Attempted During Initial Survey?                                                                                                                                                                                                                  | Yes<br><input type="checkbox"/>                                          | No<br><input checked="" type="checkbox"/> | Repair Verified During Initial Survey?        | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/>        |
|                   | Date Repaired: (if after initial survey)                                                                                                                                                                                                                 | 6/4/2019                                                                 |                                           | Resurvey Confirmed: (if after initial survey) | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            | Method for confirming repair/resurvey:                      | OGI<br><input checked="" type="checkbox"/> | Soap Test<br><input checked="" type="checkbox"/> |
|                   | Repair Method Description:                                                                                                                                                                                                                               | Replaced seal and re-tightened                                           |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form) |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Explanation if not repaired:                                                                                                                                                                                                                             |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Additional Comments:                                                                                                                                                                                                                                     |                                                                          |                                           |                                               |                                            |                                           |                                                             |                                            |                                                  |

**Fugitive Emissions Monitoring Survey:**

|                   |                                                                                                                                                                                                                                                                   |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------|-------------------------------------------|-------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|
| Leak Information: | Unit Source, Location , Component type:                                                                                                                                                                                                                           | UNIT 201, Prelube filter                   |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Repair Attempted During Initial Survey?                                                                                                                                                                                                                           | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> | Repair Verified During Initial Survey?        | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/> | Resurvey Confirmed Successful Repair During Initial Survey? | Yes<br><input type="checkbox"/>            | No<br><input checked="" type="checkbox"/>        |
|                   | Date Repaired: (if after initial survey)                                                                                                                                                                                                                          | 6/4/2019                                   |                                | Resurvey Confirmed: (if after initial survey) | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>            | Method for confirming repair/resurvey:                      | OGI<br><input checked="" type="checkbox"/> | Soap Test<br><input checked="" type="checkbox"/> |
|                   | Repair Method Description:                                                                                                                                                                                                                                        | Replaced solenoid                          |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation ( <b>Environmental Approval REQUIRED; Must fill out Delay of Repair Form</b> ) |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Explanation if not repaired:                                                                                                                                                                                                                                      |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Additional Comments:                                                                                                                                                                                                                                              |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
| Leak Information: | Unit Source, Location , Component type:                                                                                                                                                                                                                           |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Repair Attempted During Initial Survey?                                                                                                                                                                                                                           | Yes<br><input type="checkbox"/>            | No<br><input type="checkbox"/> | Repair Verified During Initial Survey?        | Yes<br><input type="checkbox"/>            | No<br><input type="checkbox"/>            | Resurvey Confirmed Successful Repair During Initial Survey? | Yes<br><input type="checkbox"/>            | No<br><input type="checkbox"/>                   |
|                   | Date Repaired: (if after initial survey)                                                                                                                                                                                                                          |                                            |                                | Resurvey Confirmed: (if after initial survey) | Yes<br><input type="checkbox"/>            | No<br><input type="checkbox"/>            | Method for confirming repair/resurvey:                      | OGI<br><input type="checkbox"/>            | Soap Test<br><input type="checkbox"/>            |
|                   | Repair Method Description:                                                                                                                                                                                                                                        |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation ( <b>Environmental Approval REQUIRED; Must fill out Delay of Repair Form</b> ) |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Explanation if not repaired:                                                                                                                                                                                                                                      |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |
|                   | Additional Comments:                                                                                                                                                                                                                                              |                                            |                                |                                               |                                            |                                           |                                                             |                                            |                                                  |

**Fugitive Emissions Monitoring Survey:**

|                   |                                                                                                                                                                                                                                                                 |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|--------------------------------------------------|---------------------------------|--------------------------------|-------------------------------------------------------------------|---------------------------------|---------------------------------------|
| Leak Information: | Unit Source,<br>Location ,<br>Component type:                                                                                                                                                                                                                   |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | Repair Attempted<br>During Initial Survey?                                                                                                                                                                                                                      | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Repair Verified<br>During Initial<br>Survey?     | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Resurvey Confirmed<br>Successful Repair During<br>Initial Survey? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>        |
|                   | Date Repaired:<br>(if after initial survey)                                                                                                                                                                                                                     |                                 |                                | Resurvey Confirmed:<br>(if after initial survey) | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Method for<br>confirming<br>repair/resurvey:                      | OGI<br><input type="checkbox"/> | Soap Test<br><input type="checkbox"/> |
|                   | Repair Method<br>Description:                                                                                                                                                                                                                                   |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | <i>If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form)</i> |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | Explanation if not<br>repaired:                                                                                                                                                                                                                                 |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | Additional<br>Comments:                                                                                                                                                                                                                                         |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
| Leak Information: | Unit Source,<br>Location ,<br>Component type:                                                                                                                                                                                                                   |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | Repair Attempted<br>During Initial Survey?                                                                                                                                                                                                                      | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Repair Verified<br>During Initial<br>Survey?     | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Resurvey Confirmed<br>Successful Repair During<br>Initial Survey? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>        |
|                   | Date Repaired:<br>(if after initial survey)                                                                                                                                                                                                                     |                                 |                                | Resurvey Confirmed:<br>(if after initial survey) | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Method for<br>confirming<br>repair/resurvey:                      | OGI<br><input type="checkbox"/> | Soap Test<br><input type="checkbox"/> |
|                   | Repair Method<br>Description:                                                                                                                                                                                                                                   |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | <i>If not repaired within 15 days, repair cannot be completed because: technically infeasible, requires a vent blowdown/well shutdown/well shut-in, unsafe to repair during operation (Environmental Approval REQUIRED; Must fill out Delay of Repair Form)</i> |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | Explanation if not<br>repaired:                                                                                                                                                                                                                                 |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |
|                   | Additional<br>Comments:                                                                                                                                                                                                                                         |                                 |                                |                                                  |                                 |                                |                                                                   |                                 |                                       |